



FORM FOR REQUESTING A GRADE CHANGE

This form is to be used faculty to request a change of grade for Undergraduate or Graduate students.

It is requested that the grade for:

(Student's Full Name)

(Student's EMPLID Number)

In _____

(Course Department, Number & Section)

(Course Title)

Given during the _____ semester, be changed from _____ to

(Semester)

(Year)

(Original Grade) (New Grade)

The reason for this change:

(Instructor's Printed Name)

(Instructor's Signature)

(Date)

The grade change is approved.

The grade change is denied.

Approval of Associate Dean

Comments: _____

(Associate Dean's Printed Name)

(Associate Dean's Signature)

(Date)

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